

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

DECEMED

			RECEIVED
I Name of Labbyis	t(s) James P. Monahan ; Susan H. Paschell		NOV 0 2 2018
1. Ivalite of Lobbyis	James F. Monanan, Susan R. Faschen		
II. Name of lobbyis	t's partnership, firm or corporation, if any:		NEW HAMPSHIRE DEPARTMENT OF STATE
The Dupont Group			
(Name of partnership, firm			
114 N Main St. Suit	te 401 Concord, NH 03301		
) (Town/City) (State) (Zip Code)	_	<u> </u>
(603)228-3322	(603) 228-0713	e-mail jmonahan@dup	ontgroup.com
(Telephone)	(Fax)		
expense transaction	covers: (Choose one – file separate reports for as which are not attributable to any one client) transactions occurring in the month prior to the re-).	
	oral Health Association	<u> </u>	
<u>OR</u>	(Full Name of Client as it appears on	the Lobbyist Registration Form)	
All reportable tra	ansactions by the lobbyist (including the lobbyist nt.	's family), or the lobbying firm	m listed below which are unrelated
IV. Date of Report Reports cover	April 25, 2018 activity from date of registration to 3/31/18	July 25, activity from 4/1/	2018
neports cover	dentity from date of region allow to 2/2/1/10		
	October 31, 2018 X activity from 7/1/18 to 9/30/18	January : activity from 10/1	30, 2019
	no fees received and no reportable transaction it, complete just this form and submit it to the Section		
VI. Check if addition If you have received	onal reports are attached: ved fees or made expenditures, you must file Ado	dendum A– Fees and Expense	es
☐ If you have paid : Reimbursement	an honorarium or reimbursed expenses, you mus	t file Addendum B Report o	f Honorariums or Expense
☐ If you, your firm,	, or your family has made political contributions,	you must file Addendum C-	Political Contributions.
Sworn Statement/A I have read RSA 15, best of my knowledg	ffirmation by Lobbyist RSA 15-B and RSA 664 and hereby swear or afl se and belief.	firm that the foregoing inform	nation is true and complete to the
purau H. 4	Paschell		
		10/31/20	18
(Signature of lobbyist)	***	(Date)	
Susan H. Paschell			
(Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	
James P. Monahan; Susan H. Paschell	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client Community Behavioral Health Association	<u>Date</u> 10/31/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the including fees for services such as public advocacy, government relations, or public legislation, and related legal work. The gross fee amount reported shall not be received.	ublic relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$8,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$24,000
c) Total of all fees received to date (Add lines a and b)	c) \$32,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expenditures of expenses of expenses: (a) the aggregate total of all expenses paid during the resoffice expenses; (b) the aggregate total of all individual expenses where the expenses during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person being termized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25, subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported aggregate expenses for this reporting period for salaries, benefits.	ditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and conditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ng lobbied with a value of \$25.00 or less); and (c) an eriod of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the aurant expenses for a legislative reception). Expenses

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	lobbying fees during this reporting period, including by
Paid to: Amount:	\$
	\$
	\$·
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief. JUSAN H. Jaschell	the foregoing information is true and complete to the
	/2018
(Signature of lobbyist) (Date	_
Susan H. Paschell (Print Name of lobbyist)	

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NEW HAMPSHIRE DEPARTMENT OF STATE

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirm Statement of Income and					
Name of Lobbying partnership, firm, or corporation: The Dupont Group					
Name of Client (leave blar	nk if Statement is for the p	partnership, firm, or corpora	ation and not related to any particular		
client): Community Beh	avioral Health Associati	on			
Date of Report (check one	9):				
April 25, 2018 🛚	July 25, 2018 🔲	October 31, 2018 X	January 30, 2019		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
LAddendum A(s).					
0 Addendum B(s).					
<u>0</u> Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
of the	·······				
		10/31/2	2018		
(Signature of lobbyist)		(Date)			
James P. Monahan					
(Print Name of lobbyist)					